

Case Number:	CM15-0221865		
Date Assigned:	11/17/2015	Date of Injury:	07/23/2010
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male with an industrial injury dated 07-23-2010. A review of the medical records indicates that the injured worker is undergoing treatment for painful left total knee replacement arthroplasty. In a progress report dated 08-25-2015, the injured worker reported severe left knee pain. Physical exam (08-25-2015) revealed diffuse tenders of the left knee and slight crepitus throughout range of motion. X-ray report of the left knee on 07-17-2015 revealed satisfactory position of total left knee replacement without evidence of loosening or infection. According to the progress note dated 09-24-2015, the injured worker reported ongoing left knee pain. The injured worker inquired about topical compound since he recalled a successful trial which facilitated significant decreased pain and medication consumption. The injured worker also reported occasional gastrointestinal upset and nausea with medication and therefore desired to rotate to compound. Current medications include Celebrex and Tramadol. Pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (09-24-2015) revealed diffuse tenderness of left knee, pain with range of motion and appreciated resistance range of motion. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The utilization review dated 11-03-2015, non-certified the request for Compound medication Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Compound medication Ketoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. The request for Compound medication Ketoprofen is not medically necessary and appropriate.